

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
|---|--|
| 1. File Number U - 18158  | 2. Fiscal Year Covered From:<br>01 / 01 / 04 Through: 12 / 31 / 04   |
| 3. Name and address of person filing.<br>Name Jay D Hoiland<br>P.O. Box, Bldg., Room No., if any<br>Street 3251 36th Ave S<br>City Fargo<br>State ND ZIP Code + 4 58104 | 4. Name, file number, and address of labor organization.<br>Name Carpenters & Millwrights Local #1176<br>Labor Organization File Number 034123<br>P.O. Box, Building and Room Number, if any<br>Street 3002 1st Ave N<br>City Fargo<br>State ND ZIP Code + 4 58102 |
| 5. Position in labor organization. Position of officer VICE PRESEIDENT  |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |   |
|--|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |   |
| 6. Name and address of Employer (including trade name, if any).<br>Name Not applicable<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4   | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Jay Hoiland*

On

8/5/05

Date

701-293-9657

Telephone Number

|  |  |                |
|--|--|----------------|
| Name of Person Filing <b>Jay D Hoiland</b> |  | File Number U- |
|--|--|----------------|

3. He'd an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>North Central Carpenters Training Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>5238 Miller Trunk Hwy</b></p> <p>City <b>Hermantown</b></p> <p>State <b>MN</b> ZIP Code + 4 <b>55811</b></p> | <p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
|--|---|

|  |   |
|--|---|
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>Incentive for Aerial Lift training class - 10/2004</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$50.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |
|--|---|

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

|  |                                 |
|--|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Not Applicable</b></p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant: ?</p>  | <p>14.b. Amount of payment.</p> |

|  |  |                |
|--|--|----------------|
| Name of Person Filing <b>Jay D Hoiland</b> |  | File Number U- |
|--|--|----------------|

  

**B. He'd an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

|   |   |
|---|---|
| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>North Central Carpenters Training Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>5238 Miller Trunk Hwy</b></p> <p>City <b>Hermantown</b></p> <p>State <b>MN</b> ZIP Code + 4 <b>55811</b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="radio"/> (a) Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
|---|---|

  

|   |  |
|---|--|
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p><b>11.a. Nature of such dealing.</b></p> <p>Incentive for Insulated concrete forms training class - 11-2004</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$75.00</b></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p><br><br><br><hr/> <p><b>12.b. Amount.</b></p> |
|---|--|

  

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

|   |  |
|---|--|
| <p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>Not Applicable</b></p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p><b>14.a. Nature of payment.</b></p><br><br><br><br><br><br><br> |
| <p><b>13.b. Is the Business an Employer or Consultant?</b> <b>?</b></p>   | <p><b>14.b. Amount of payment.</b></p>                             |

## DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Jay Holland  
Signature

8/5/05  
Date